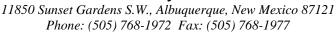


City of Albuquerque Environmental Health Department

Air Quality Division





Conditionally Allowed Open Burn Notification

This form shall be filled out completely to provide notification to the Department for the purposes described in 20.11.21.14 NMAC, Table II and **these open burns shall comply with local fire and safety codes**. Please sign and send the completed notification to the address above, or fax to (505) 768-1977, or send via email with electronic signature to **bjones@cabq.gov**. Please notify your local fire authority prior to any open burning.

Date(s) the burn will be conducted:		Submittal Date:	
Date	received by Air Quality Division:		
1.	Requester's Agency (If Applicable):		
2.	Requester's Name:	Requester's Title:	
3.	Mailing Address:		
4.	Requester's Telephone Number:	<u></u>	
5.	Requester's Fax Number:	Email:	
6.	Location where burning is to be conducted: Physical Address: Coordinates (Optional): Latitude		
	Coordinates (Optional):LatitudeUTM No	Longitude, or rthUTM East	
	Please check one: City of Albuquerque Village of Alameda Bernalillo	f Los Ranchos	
7.		escribes the open burn. s type of burning has no restrictions on the time of day	
		type of burning is restricted to burn 11:00 am to 3:00 se describe:	
	vegetative material shall not exceed 10 material gathered in a pit or open contain volume per day. (BURNING IN EXCI	weed control provided that the amount of non-piled acres per day. Piled vegetative material, including ner, shall be no more than 1,000 cubic feet of pile ESS OF THESE DAILY LIMITS IS SUBJECT TO BED BURNS; WILDFIRES, 20.11.15 NMAC)	
	(Please select one below) ☐ Private residential property ☐ Comm	mercial property	
8.	Number of acres to be burned:	ourned: Volume of pile to be burned:	